AMERICAN HERITAGE CARE CENTER

425 DAVIS STREET

HAMMOND	54015 Ph	one:(715) 796-2218		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with Hos	pital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Staff	ed (12/31/05):	55	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity (12	/31/05):	55	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31/05	:	50	Average Daily Census:	51

Age, Gender, and Primary Diagnosis	of Residents (12/3	31/05)		Length of Stay (12/31/05)	% 
Primary Diagnosis	ફ	Age Groups	%	Less Than 1 Year   1 - 4 Years	46.0 38.0
Developmental Disabilities	0.0	   Under 65	6.0	1 - 4 lears   More Than 4 Years	16.0
Mental Illness (Org./Psy)	26.0	65 - 74	24.0		
Mental Illness (Other)	2.0	75 - 84	26.0		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	36.0		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.0	Full-Time Equivalent	
Cancer	0.0	İ		Nursing Staff per 100 Resi	idents
Fractures	2.0	İ	100.0	(12/31/05)	
Cardiovascular	18.0	65 & Over	94.0		
Cerebrovascular	4.0			RNs	7.2
Diabetes	4.0	Gender	8	LPNs	15.4
Respiratory	6.0			Nursing Assistants,	
Other Medical Conditions	38.0	Male	34.0	Aides, & Orderlies	42.1
		Female	66.0		
	100.0	İ		İ	
		İ	100.0	İ	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	3.8	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Skilled Care	6	100.0	304	20	76.9	121	1	100.0	124	16	100.0	164	0	0.0	0	1	100.0	490	44	88.0
Intermediate				5	19.2	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	10.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		26	100.0		1	100.0		16	100.0		0	0.0		1	100.0		50	100.0

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05										
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of				
Private Home/No Home Health	12.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	8.0		68.0	24.0	50				
Other Nursing Homes	1.1	Dressing	24.0		48.0	28.0	50				
Acute Care Hospitals	85.2	Transferring	46.0		44.0	10.0	50				
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.0		38.0	28.0	50				
Rehabilitation Hospitals	0.0	Eating	70.0		28.0	2.0	50				
Other Locations	1.1	*******	******	*****	******	* * * * * * * * * * * * * * * * * * * *	******				
Total Number of Admissions	88	Continence		%	Special Trea	tments	%				
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.0	Receiving	Respiratory Care	20.0				
Private Home/No Home Health	51.6	Occ/Freq. Incontine	nt of Bladder	46.0	Receiving	Tracheostomy Care	0.0				
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	14.0	Receiving	Suctioning	0.0				
Other Nursing Homes	4.4				Receiving	Ostomy Care	2.0				
Acute Care Hospitals	6.6	Mobility			Receiving	Tube Feeding	0.0				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	8.0	Receiving	Mechanically Altered Diet	s 26.0				
Rehabilitation Hospitals	0.0										
Other Locations	7.7	Skin Care			Other Reside	nt Characteristics					
Deaths	29.7	With Pressure Sores		6.0	Have Advan	ce Directives	100.0				
Total Number of Discharges		With Rashes		6.0	Medications						
(Including Deaths)	91	ĺ			Receiving	Psychoactive Drugs	80.0				
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:			
	This	This Proprietary			-99	Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92.7	85.8	1.08	86.3	1.07	88.8	1.04	88.1	1.05	
Current Residents from In-County	82.0	81.3	1.01	80.0	1.03	83.2	0.99	77.6	1.06	
Admissions from In-County, Still Residing	19.3	16.8	1.15	18.8	1.03	18.7	1.03	18.1	1.07	
Admissions/Average Daily Census	172.5	216.2	0.80	180.5	0.96	177.7	0.97	162.3	1.06	
Discharges/Average Daily Census	178.4	217.8	0.82	178.7	1.00	179.2	1.00	165.1	1.08	
Discharges To Private Residence/Average Daily Census	92.2	100.9	0.91	87.1	1.06	83.4	1.10	74.8	1.23	
Residents Receiving Skilled Care	90.0	97.2	0.93	96.4	0.93	96.3	0.93	92.1	0.98	
Residents Aged 65 and Older	94.0	91.5	1.03	93.5	1.00	91.3	1.03	88.4	1.06	
Title 19 (Medicaid) Funded Residents	52.0	61.7	0.84	59.0	0.88	61.8	0.84	65.3	0.80	
Private Pay Funded Residents	32.0	19.4	1.65	24.5	1.30	22.5	1.42	20.2	1.59	
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	1.1	0.00	5.0	0.00	
Mentally Ill Residents	28.0	28.9	0.97	31.6	0.89	34.8	0.80	32.9	0.85	
General Medical Service Residents	38.0	23.7	1.60	26.1	1.46	23.0	1.65	22.8	1.67	
Impaired ADL (Mean)	41.2	47.9	0.86	47.8	0.86	48.4	0.85	49.2	0.84	
Psychological Problems	80.0	59.1	1.35	57.6	1.39	59.5	1.34	58.5	1.37	
Nursing Care Required (Mean)	7.5	7.1	1.06	7.0	1.07	7.2	1.04	7.4	1.01	